

MR

SMB

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

RECEIVED

MAY 31 2024 SMB

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

HECTOR MANUEL MEDINA GARCIA

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

COOK COUNTY HOSPITAL

24-cv-04543

Judge Jeremy C. Daniel

Magistrate Judge Jeannice W. Appenteng

PC7

DIRECT

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:



COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

☐

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

☐

OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

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I. Plaintiff(s):

- A. Name: HECTOR MANUEL MEDINA GARCIA.
- B. List all aliases: _____
- C. Prisoner identification number: Y61570
- D. Place of present confinement: VANDELIA CORRECTIONAL CENTER
- E. Address: P.O. BOX 500 VANDALIA ILL. 62471

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: COOK COUNTY HOSPITAL
Title: _____
Place of Employment: DAMEN AVE. & DODEN AVE. CHICAGO, ILL.
- B. Defendant: _____
Title: _____
Place of Employment: _____
- C. Defendant: _____
Title: _____
Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: N/A
- B. Approximate date of filing lawsuit: _____
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: _____

- D. List all defendants: _____

- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): _____
- F. Name of judge to whom case was assigned: _____

- G. Basic claim made: _____

- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): _____

- I. Approximate date of disposition: _____

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

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IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I HECTOR MEDINA am filing a lawsuit against COOK COUNTY HOSPITAL FOR THE MISTREATMENT AND NEGLECT DURING MY TIME ON COOK COUNTY JAIL AUG 2-2023 THROUGH JANUARY 4-24 I ENDURED THE FOLLOWING.

I FALL IN THE SHOWERS ON COOK COUNTY JAIL DIV: 8 RTU 4D AND NURSE & STAFF SEND ME TO HOSPITAL FOR TREATMENT AND 3 TIME I WENT TO HOSPITAL DOCTOR LOMBARDI ON 2ND FLOOR INJECT STEROIDS. INJECTION, AND HE'S LAUGHING ON ME BECAUSE I CAN HANDLE THE PAIN, SECOND X 3 TIME I NOT ACCEPT THE INJECTION FOR THE REASON MENTIONED AND I DON'T SEE ANY BENEFITS WHIT THE FIRST INJECTION

Three time I went to the hospital for physical therapy. And He didn't do anything He discriminated me He didn't want to do surgery on my hands and lower back and His response was there was nothing wrong when I ARRIVAL TO VANDALIA PRISON DOCTOR AURORA A. SEND ME TO TIMES TO EMORITE MACHINE AND MY EVALUATION IS 2 DISC DAMAGE AND MY BACK NERV. AND MY HANDS TO IS DAMAGE IM IN SCHEDULE FOR SURGERY HAND & BACK. PROBLEMS.

Revised 9/2007

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

Thank u.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

I FILL LIKE HE'S DISCRIMINATE ME
HE DOCTOR LOMBARDI 2ND FLOOR GIVE ME
BED TREATMENT. ALLWAYS WENT I DO
QUESTION HE ANSWER ME IN BAD ANSWER.
DOCTOR ON VANDALIA ASK ME WHI DON'T
GET DONE THIS ISSUES ON CADK COUNTY
HOSPITAL I SAID DOCTOR GIVE ME THIS
TREATMENT SHE SAID TO ME WDAOO...
NO PROFESIONAL DOCTOR.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I WOULD LIKE TO GET A COMPENSATION FOR INJURES AND PAINFULL SUFFERIN EVERY DAY FOR IN HUMAN TREATMENT TO. AND RUN RACES,

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 24 day of MAY, 20 24

Hector Medina

(Signature of plaintiff or plaintiffs)

HECTOR MEDINA.

(Print name)

461570

(I.D. Number)

P.O. BOX 500

VANDALIA, CORRECTIONAL CENTER

VANDALIA, ILL 62471

(Address)



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INDIVIDUAL IN CUSTODY GRIEVANCE FORM

(Formulario de Queja del Individuo bajo Custodi)

CONTROL #

Individual in Custody SHORT #

! THIS SECTION IS TO BE COMPLETED BY IIC SERVICES STAFF

(! Para ser llenado solo por el personal de IIC Services !)

- ☒ Emergency Grievance
☐ Grievance
☐ Non-Compliant Grievance

- ☐ Cermak Health Services
☐ Superintendent: _____
☐ Other: _____

PRINT - INDIVIDUAL IN CUSTODY LAST NAME (Imprimir - Apellido del individuo):

MEDINA

PRINT - FIRST NAME (Imprimir - Primer nombre del individuo):

HECTOR

BOOKING NUMBER (# de identificación)

20230802096

DIVISION (División):

RTU 8

LIVING UNIT (Unidad):

4D

DATE (Fecha):

10-16-23

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

To ensure CCDOC receipt of your grievance, please follow the submission requirement per the IIC Information Handbook or see a CRW (Correctional Rehabilitation Worker) for assistance.

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance is not one of the following non-grievable matters: Classification, including designation of an individual as a security risk or a protective custody individual, or decisions of the disciplinary hearing officer.

The grievance must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW. The grievance must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievance must not contain offensive or harassing language and must not contain more than one issue.

The grievance must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

Directrices de quejas y resumen de quejas

Para asegurarse de que CCDOC reciba su queja, siga el requisito de presentación según el Manual de Información de IIC o consulte a un CRW (trabajador de rehabilitación correccional) para obtener ayuda.

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los individuos.

El asunto de la queja debe haber ocurrido dentro de los 15 días calendarios a menos que la acusación sea de asalto sexual, acoso sexual, abuso sexual o voyeurismo. Si la queja incluye acusaciones de asalto sexual, acoso sexual, abuso sexual o voyeurismo no existe tiempo de límite. Si usted cree que existe una excepción, consulte con un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibirá no someter una apelación sobre la decisión dada en los 15 días calendarios.

El tema agravado no debe contener lenguaje ofensivo o acosador y no debe contener más de un tema.

El asunto de la queja corresponde asuntos no relacionados con la cárcel, como las agencias de arresto, los asuntos judiciales o el personal médico en los hospitales periféricos, etc.

REQUIRED -

DATE OF INCIDENT
(Fecha del Incidente)2:15 P.M.
10-15-23

REQUIRED -

TIME OF INCIDENT
(Hora del Incidente)

2:15 PM

REQUIRED -

SPECIFIC LOCATION OF INCIDENT
(Lugar Específico del Incidente)4D
HANDY CAP SHOWERS.

REQUIRED -

NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o identificación del Acusado)TOM VART
COOK COUNTY JAIL.

I went into the showers areas to use bathroom the floor was wet Moby no one cleans them went I went to the Bathroom I fell backwards and landed on my hand because of the floor. the officer called for Medical Attention I think I broken my finger this has caused me extreme pain and Discomfort. the bathroom bring wet and Moldy all the time caused my fall and my injurt the whole things is on camera tank you....

NAME OF STAFF OR INDIVIDUAL IN CUSTODY HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o individuo que tengan información):

Officer FRANKLIN III / S. MENDOZA

SIGNATURE of Individual in Custody: (Individuo bajo custodia):

Hector Medina

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE IIC GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW NAME (Print):

Walker

SIGNATURE:

Walker

DATE CRW RECEIVED:

10-19-23

CRW NOTATION OF SENT EMAIL (Print):

DATE EMAIL NOTIFICATION SENT:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INDIVIDUAL IN CUSTODY GRIEVANCE FORM

(Formulario de Queja del Individuo bajo Custodi)

CONTROL #

Individual In Custody SHORT #

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(! Para ser llenado solo por el personal de IIC Services !)

- ☐ Emergency Grievance
☒ Grievance
☐ Non-Compliant Grievance

- ☒ Cermak Health Services
☐ Superintendent: _____
☐ Other: _____

PRINT - INDIVIDUAL IN CUSTODY LAST NAME (Imprimir - Apellido del individuo):

MEDINA

PRINT - FIRST NAME (Imprimir - Primer nombre del individuo):

HECTOR

BOOKING NUMBER (# de identificación)

20230802096

DIVISION (División):

8 RTU

LIVING UNIT (Unidad):

4D

DATE (Fecha):

10-24-23

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

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Directrices de quejas y resumen de quejas

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REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Hora del Incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente)	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o identificación del Acusado)
10/23/23	7:00 AM	DIVISION 8 RTU 4D	DOCTOR APPOINTMENT MISSING
<p>I'm Hector Medina call me in morning For VITALS I come to the Door Nursing staff tell me DOCTOR APPOINTMENT IS today thinking for my call I steel waiting the Dont call me + I have accident 10-14-23 they send me to room take X Rays they force X Ray on my Fingers 2 Fingers Damage in steel in room Doctor dont see me oh 10-23-23 time it in full pain in my back, on my Fingers.</p>			
NAME OF STAFF OR INDIVIDUAL IN CUSTODY HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o individuo que tengan información):			SIGNATURE of Individual in Custody: (Individuo bajo custodia):
Nurse Staff & Doctor Cermak.			Hector Medina
SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE IIC GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.			
CRW NAME (Print):	SIGNATURE:		DATE CRW RECEIVED:
WCHIN V	[Signature]		10-24-23
CRW NOTATION OF SENT EMAIL (Print):			DATE EMAIL NOTIFICATION SENT:
[Signature]			



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INDIVIDUAL IN CUSTODY GRIEVANCE FORM

(Formulario de Queja del Individuo bajo Custodi)

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☐ Grievance
☐ Non-Compliant Grievance

- ☐ CermakHealthServices
☐ Superintendent: _____
☐ Other: _____

PRINT - INDIVIDUAL IN CUSTODY LAST NAME (Imprimir - Apellido del individuo):

MEDINA

PRINT - FIRST NAME (Imprimir - Primer nombre del individuo):

HECTOR

BOOKING NUMBER (# de identificación)

20230802096

DIVISION (División):

8 RTU

LIVING UNIT (Unidad):

RTU 4D

DATE (Fecha):

10-27-23

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

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Directrices de quejas y resumen de quejas

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El asunto de la queja debe haber ocurrido dentro de los 15 días calendarios a menos que la acusación sea de asalto sexual, acoso sexual, abuso sexual o voyeurismo. Si la queja incluye acusaciones de asalto sexual, acoso sexual, abuso sexual o voyeurismo no existe tiempo de límite. Si usted cree que existe una excepción, consulte con un Trabajador de Rehabilitación Correccional (TRC/CRW).

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El tema agravado no debe contener lenguaje ofensivo o acosador y no debe contener mas de un tema.

El asunto de la queja corresponde asuntos no relacionadas con la cárcel, como las agencias de arresto, los asuntos judiciales o el personal médico en los hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Hora del incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Especifico del Incidente)	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado)
10/23/23	8:00 AM 12: PM	DIV: 8 RTU 4D COOK COUNTY JAIL	DOCTOR & NURSES STAFF

I HECTOR MEDINA COMPLAINE ABOUT DOCTOR & NURSES STAFF
 ON MONDAY 10-23-23 THEY CALL ME FOR VITALS AND TELL ME
 DOCTOR CALL ME ON NEXT WEDS. AND STILL DOCTOR DON CALL ME
 TODAY DATE IS 10-27-23 STILL NO BODY SEE ME I HAVE
 2 FINGERS INJURY & MY BACK TIGHT ON 10-16-23 THEY
 DON'T DO NOTHING W/ME.

NAME OF STAFF OR INDIVIDUAL IN CUSTODY HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o individuo que tengan información:)

DOCTOR & NURSES & STAFF

SIGNATURE of Individual in Custody: (Individuo bajo custodia):

Hector Medina

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CRW NAME (Print):

WILLIE V

SIGNATURE:

[Signature]

DATE CRW RECEIVED:

10-27-23

CRW NOTATION OF SENT EMAIL (Print):

DATE EMAIL NOTIFICATION SENT:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INDIVIDUAL IN CUSTODY GRIEVANCE FORM

(Formulario de Queja del Individuo bajo Custodi)

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☐ Grievance
☐ Non-Compliant Grievance

- ☐ Cermak Health Services
☐ Superintendent:
☐ Other:

PRINT - INDIVIDUAL IN CUSTODY LAST NAME (Imprimir - Apellido del individuo):

MEDINA

PRINT - FIRST NAME (Imprimir - Primer nombre del individuo):

HECTOR

BOOKING NUMBER (# de identificación):

20230802096

DIVISION (División):

8 RTU

LIVING UNIT (Unidad):

3F

DATE (Fecha):

12-26-2023

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

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El tema agravado no debe contener lenguaje ofensivo o acosador y no debe contener mas de un tema.

El asunto de la queja corresponde asuntos no relacionadas con la cárcel, como las agencias de arresto, los asuntos judiciales o el personal médico en los hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Hora del Incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Especifico del Incidente)	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado)
12-21-23	9:00am	3F	Health Care Staff.
I recently had an accident; I have submitted numerous Requests to Health Care. I am being ignored. My back is in excruciating pain and the doctor will not call me. I am unable to walk properly. Request to see the doctor about my back immediately. When I last went to the doctor it was for my fingers my back issues has been ignored within 15 days.			
NAME OF STAFF OR INDIVIDUAL IN CUSTODY HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o individuo que tengan información:)			SIGNATURE of Individual in Custody: (Individuo bajo custodia):
			Hector Medina
SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE IIC GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.			
CRW NAME (Print):	SIGNATURE:		DATE CRW RECEIVED:
			12/26/23
CRW NOTATION OF SENT EMAIL (Print):			DATE EMAIL NOTIFICATION SENT:

Assigned Grievance #/Institution:

Housing Unit: M105Bed #:

1st Lvl rec:

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

2nd Lvl rec:

Date: <u>1-9-24</u>	Offender (please print): <u>HECTOR MEDINA</u>	ID #: <u>Y61570</u>	Race (optional): <u> </u>
Present Facility: <u>STATEVILLE</u>		Facility where grievance issue occurred: <u>STATEVILLE</u>	

Nature of grievance:

- ☐ Personal Property ☐ Mail Handling ☐ Medical Treatment ☐ ADA Disability Accommodation
☒ Staff Conduct ☐ Dietary ☐ HIPAA ☐ Restoration of Sentence Credit
☐ Transfer Denial by Facility ☐ Other (specify):
☐ Disciplinary Report 1-9-24 STATEVILLE

Date of report

JAN 11 2024
 Facility where issued: STATEVILLE
 GRIEVANCE DEPARTMENT
 BY: K3N-0124-0089

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance";

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor

Chief Administrative Officer, only if EMERGENCY grievance.

Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

AT ABOUT 9:30 A.M. ON 1-8-24, I WAS TOLD TO GET READY FOR X-RAYS. ABOUT 15 min. LATER THE FEMALE C.O. TOLD ME TO STEP OUT OF MY CELL TO GO FOR MY X-RAYS, AND A MALE C.O. TOLD HER TO PUT ME BACK IN MY CELL BECAUSE I WAS TOLD I NEEDED A SPECIAL HARNESS DO TO MY INJURIES. AFTER SEVERAL HOURS I ASKED WHY I WASN'T TAKEN AND THE WOMAN OFFICER STATED "HE SEEMED LIKE HE DIDN'T WANT TO TAKE YOU." I COULDN'T GET THE NAMES OF ☐ Continued on reverse EITHER C.

Relief Requested:

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

☐ Check if this is NOT an emergency grievance.

Hector Medina
Offender's Signature

Y61570
ID#

1-9-24
Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: ☐ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

Response:

Housing Unit:

M/05

Bed #:

—

Assigned Grievance #/Institution: _____

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

2nd Lvl rec: _____

1st Lvl rec: _____

WHEN I ASKED THE MALE C.O HIS
NAME, HE IGNORED ME AND LEFT
THE CELL HOUSE. I WANT IT TO BE
ON RECORD THAT I DID ~~NOT~~
REFUSE MY MEDICAL TREATMENT!

Vandallia

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: 1-19-24	Offender: (Please Print) HECTOR MEDINA	ID#: 461570
Present Facility: STATEVILLE N.R.C.	Facility where grievance issue occurred: STATEVILLE N.R.C.	

NATURE OF GRIEVANCE:

- | | | | |
|------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Personal Property | <input type="checkbox"/> Mail Handling | <input type="checkbox"/> Restoration of Good Time | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Staff Conduct | <input type="checkbox"/> Dietary | <input checked="" type="checkbox"/> Medical Treatment | <input type="checkbox"/> HIPAA |
| <input type="checkbox"/> Transfer Denial by Facility | <input type="checkbox"/> Transfer Denial by Transfer Coordinator | <input type="checkbox"/> Other (specify): JAN 22 2024 | |
| <input type="checkbox"/> Disciplinary Report: 1 / 1 | | Facility where issued: STATEVILLE C.C. | |

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
Chief Administrative Officer, only if EMERGENCY grievance.
Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: I REFUSED TO GO TO SEE THE DOCTOR AT STROGER HOSPITAL, BECAUSE THE LAST 3 TIMES I WENT FOR PHYSICAL THERAPY, NO PHYSICAL THERAPY WAS DONE WHAT SO EVER. WHILE INJECTING STEROIDS INTO MY HAND, THE DOCTOR LAUGHED IN MY FACE DO TO MY PAIFULL REACTION THE STEROID TREATMENT, DID MORE HARM THAN GOOD, ONLY EXTENDING MY CONTINUOUS PAIN! NOT ONLY WAS HE →

Relief Requested:

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

x Hector Medina
Offender's Signature

461570
ID#

1, 19, 24
Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: 1 / 1

☐ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response:

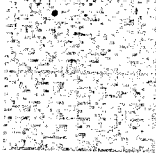
ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

EXTREMELY UNPROFESSIONAL, BUT HE WAS INSISTING HE HAD TO DO TWO MORE STEROID INJECTIONS INTO MY HAND BEFORE HE WOULD DO THE NECESSARY SURGERY. AS A RESULT OF THIS DOCTOR PROLONGING MY SURGERIES, MY OTHER FINGERS ARE DYING AS WELL AS THE LEFT MIDDLE FINGER THAT IS ALREADY COMPLETELY DEAD. I WAS TAKEN TO THE HOSPITAL BY OFFICER ~~ALBERT~~ ON 1-11-24. I STILL HAVE A HUGE NEEDLE INDENTATION THAT HAS NOT HEALED AND IT IS 1-19-24. HE WRENCHED THE NEEDLE SO HARD THAT I'M NOT ONLY PERMANENTLY SCARRED, BUT I'M IN EVEN MORE PAIN THEN BEFORE I EVER SAW HIM! THE DR.'S NAME WAS DR. LAMBARDI, A HAND SPECIALIST ON THE SECOND FLOOR.

Hector Medina / Y61570
E House L25
P.O. Box 500
VANDALA, ILL
61472

THIS CORRESPONDENCE IS
FROM AN INMATE OF THE
ILLINOIS DEPARTMENT
OF CORRECTIONS

FIRST CLASS



USPS051003
ZIP 62471
02 7W
000502933



05/31/2024-1

Prisoner Correspondent
UNITED STATES DISTRICT COURT
219 S. DEARBORN
CHICAGO, ILL.
60604.